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SECURITIES AND EXCIIANGE COMMISSION Washington, D.C. 20549 MAR 1 5 2007 FORM D	OMB APPROVAL OMB Number: 3235-0076 Expires:
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A A A A A A A A A A A A A A A A A A A	Estimated average burden hours per response16.00
NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D,	S SEC USE ONLY Prefix Serial
SECTION 4(6), AND/OR	DATE RECENTO
Name of Offering (Clebeck of this Nan amendment and name has above the	PTION
Lighthouse Financial Group, LLC March 2, 2007 Offering of Limited Lightity Company Land	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	SSIS ULOE
A. BASIC IDENTIFICATION DATA	070.45
Enter the information requested about the issuer	——— 07047153
Name of Issuer (Telephone Number (Including Area Code)
dollers of Principal Business Operations (Number and Street, City, State, Zip Code) ame	212-277-8130 Telephone Number (Including Area Code)
prief Description of Business Broker Dealer Spec of Business Organization	PROCESSED
Limited partnership, to be formed Limited Liabi	case specify). MAR 2 6 2007
Month Year ctual or Estimated Date of Incorporation or Organization: 10 99 Actual Estimated Control or Organization of Incorporation or Organization. (Enter Iwo-letter U.S. Postal Service abbreviation for State: CN for Canada, FN for other foreign jurisdiction)	THOMSON FINANCIAL
ENERAL INSTRUCTIONS ederal:	

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Capies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or hear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

			A. BASIC U	DENTI	FICATION DATA				
2. Enter the information	requested for the	following			III TON BATA				
		=	en organized	withm	the past five years;				
							204		ass of equity securities of the 1884
Each executive o	fficer and director	of corporate	iveners and a	of some	ne vote or dispositio	n 01, 11	or more	ol a cla	ass of equity securities of the assu- aership issuers; and
Each general and	managing partner	of partnersh	is icener	n corpe	orate Renetal and m	iniganai	g partners (of partn	ership issuers; and
	— partie	Or partificisii							
Check Box(es) that Apply:	Promoter	✓ Ben	eficial Owner		Executive Officer	r 🔲	Director	Z	General and/or Managing Partner
Full Name (Last name tirst, Lighthouse GLobal Part		-							
Business or Residence Addr 420 Lexington Avenue,	ess (Number an	d Street, City	r, State, Zip C	ode)		<u></u>			
			10170						
Check Box(es) that Apply:	Promoter	Bent	ficial Owner	Z	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, Jeffrey J. Morfit	if individual)	· ·	<u> </u>						
Business or Residence Addr	ess (Number and	d Street City	State Zin C	ode)	<u> </u>				
c/o Lighthouse GLobal Pa	artners, LLC 42	0 Lexinator	Avenue S	uite 12	130 Now York A	JV 101	70		
Check Box(es) that Apply:	Promoter		ticial Owner						
() (44-3)		[] ''	ateral Owller	Z	Executive Officer	Ш	Director		General and/or Managing Partner
Full Name (Last name first,	if indusidual)								Managing ratilier
Rpbert J. Bradley	ir maividuai,								
Business or Residence Addre	or (Nombres	10	<u></u>	- .			·		<u></u>
No Lighthouse Gliobal D	artners LLC 42	O Lawrence	. State, Zip Co	ode)					
o Lighthouse GLobal Pa				uite 14	30, New York, N	NY 101	70		
Check Box(es) that Apply:	Promoter	Bene:	ficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)								
_									
Business or Residence Addre	ss (Number and	Street, City,	State, Zip Co	ode)					
heck Box(es) that Apply:	Promoter	Benef	icial Owner		Executive Officer	П	Director		Committee
	_			<u></u>	SACCULATE OTHER	Ų	Onector		General and/or Managing Partner
ull Name (Last name first, it	(individual)					· · · · ·			
	•								
usiness or Residence Addres	S (Number and	Street City	State Zin Co	del	······································				
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heck Box(es) that Apply:	Promoter	(D. D		_					
word Donies y may represent		ischeit	icial Owner	י נו	Executive Officer		Director		General and/or
ull Nama (Lust name Care 10									Managing Partner
ull Name (Last name first, if	individual)								
usiness or Residence Addres	s (Number and)	Street, City, !	State, Zip Coo	ic)					
heck Box(es) that Apply:	Promoter	Benefit	cial Owner		Executive Officer		Director	_	ieneral and/or Managing Partner
ull Name (Last name first, if	individual)								<u> </u>
usiness or Residence Address	(Number and S	ireet, City. S	tate, Zin Cod	c)					· · · · · · · · · · · · · · · · · · ·
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	,		At and nec 30	antition!	ar copies of this she	eet, as r	necessary)		

03-09-2007

L					B	. INFORM	ATION AE	BOUT OFFI	ERING		·		
1.				Λ	inswer also	o in App en	dix, Colun	n 2, if fili	ng under U	LOE		_	No
Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual?									s 1	00,000.00			
3.									Yes	No			
4.	enter comm If a pe or stat a brok	the informission or si ission or si isson to be l ies, list the ier or deale	nation requestion in the mular remulation is an a national factor of the services, you may	ested for e neration for associated broker or set forth	ach person r solicitati person or a dealer - If	who has lone of purchagent of a baseline than the second of a baseline than the second of the second	been or wi asers in co roker or de	Il be paid on nnection water registe	or given, d ith sales of red with th	irectly or i securities i	ndirectly, and the offering for with a state ersons of suc	y 3.	
Ful! Non	Name	(Last nam	e first, if in	dividual)					<u> </u>				
Busi	ness o	r Residenc	c Address (Number a	nd Street.	City, State	Zip Code	<u> </u>					
			Broker or D										
_											· ·		
State	s in W	hich Perso	n Listed II:	as Solicite	d or Inten	ds to Solici	t Purchase	rs				 -	
_			s or check	c individu:	al States).	·····		***************************************	***************	***************************************		□ A	II States
0	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR
Full N	Name (Last name	first, if ind	lividual)									
Busin	css or	Residence	Address (Number ai	nd Street.	City, State,	Zip Code)	-				
Name	of Ass	sociated Br	roker or De	aler									<u>-</u>
States (C	in Wh Check	ich Person "All States	Listed Ha	s Solicited individua	or Intend	s to Solicit	Purchaser	s			***************************************	- AI	States
		AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CÓ LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH	GA MN OK	HI MS OR	ID MO PA
ull N	ame (L	ast name f	irst, if indi-	vidual)						<u>w</u> v	<u>[W]</u>	<u>w</u> Y	PR
			Address (N		J Street, C	ity, State, 7	(ip Code)	-				 -	
ame o	of Asso	ociated Bro	oker or Dea	ler	<u></u>			<u></u>		 -			·
lales i	n Whie	ch Person All States"	Listed Has or check in	Solicited of	or Intends States)	10 Solicit F	urchasers				— — <u> </u>		States
Al IL M	j D	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OII WV	GA (MN) (OK) (III MS DR VY	ID MO PA PR

\$_21,000.00

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF	F PROCEEDS	· · · · · · · · · · · · · · · · · · ·
 Enter the aggregate offering price of securities included in this offering and the total amount alread sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange aralready exchanged. 	dy	
Type of Security	Aggregate Offering Price	
Debt	\$	£
Equity	\$ 9,000,000.0	_ 3 D 6.8.750.000.00
Convertible Securities (including warrants)		
Partnership Interests	. \$	- _{\$}
Partnership Interests	. \$	_ s
Other (Specify)	. \$	<u> </u>
Total	\$_9,000,000.00	\$ 8,750,000.00
 Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." 		
Accordited Investory	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors	1	§ 8,750,000.00
Non-accredited Investors		s
Total (for filings under Rule 504 only)		\$
Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
Type of Offering	Type of Security	Dollar Amount Sold
Rule 505	-	2019
Regulation A		•
Kuie 304	-	\$s
Total		\$ 0.00
a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		<u> </u>
Transfer Agent's Fees	_	•
Printing and Engraving Costs	······	\$
Legal Fees	_	\$ \$ 20,000.00
Accounting Fees		
Engineering Fees	_	\$
Sales Commissions (specify finders' fees separately)		\$
Other Expenses (identify) Blue Sky Fees		\$

	C. OFFERING PRICE, N	UMBER OF INVESTORS, EXPENSES AND USE OF	PROCEEDS	
		ffering price given in response to Part C — Question I — Question 4.a. This difference is the "adjusted gross		8,979,000.00
5.	Indicate below the amount of the adjusted gross each of the purposes shown. If the amount for	proceed to the issuer used or proposed to be used for any purpose is not known, furnish an estimate and		\$
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees			
			 ¬s	· [] ·
	Purchase, rental or leasing and installation of mand equipment	achinery	J *	· Ll "
	Construction or leasing of plant buildings and a	acrimery []\$	
	and a biant outsings and h	acitatics] \$	
	offering that may be used in avalance for all			
	Repayment of indebtedness] \$	[] \$
	Working capital] \$	
	Other (specify):]\$	☑ \$ 8,979,000.00
] \$	□ s
]\$	
	Column Totals		\$_0.00	rs 8,979,000.00
	Total Payments Listed (column totals added)		□ \$ 8,9	79,000.00
		D. FEDERAL SIGNATURE		
he i: gna e in	suer has duly caused this notice to be signed by the ure constitutes an undertaking by the issuer to fur formation furnished by the issuer to any non-acc	e undersigned duly authorized person. If this notice i rnish to the U.S. Securities and Exchange Commissi redited investor pursuant to paragraph (b)(2) of Ru	s fifed under Rule on, upon written le 502	e 505, the following request of its staff,
suci	(Print or Type)	Signature		 -
ight	nouse Financial Group, LLC			
	of Signer (Print or Type)	Title of Signer (Print or Type)	arch 9, 2007	
	J. Bradley	CAO		

- ATTENTION -

intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

L		E. STATE SIGNATURE	
1.	ls any party described in 17 CFR provisions of such rule?	230.262 presently subject to any of the disqua	
		See Appendix, Column 5, for state resp	
2.	The undersigned issuer hereby und D (17 CFR 239.500) at such times	ertakes to Comish as	ny state in which this notice is filed a notice on Forn
3.	The undersigned issuer hereby und issuer to offerees.	dertakes to furnish to the state administrators.	upon written request, information furnished by the
4.	The undersigned issuer represents limited Offering Exemption (11) OF	that the farmer's A sur	that must be satisfied to be entitled to the Uniform
The issuduly aut	er has read this notification and know horized person.	s the contents to be true and has duly caused this	notice to be signed on its behalf by the undersigned
ssuer (i	Print or Type)	Signature	
ighthou	se Financial Group, LLC	and the second	Date
vame (P	rint or Type)	700 00	March 9, 2007
	J. Bradley	Title (Print or Type)	
		CAO	

Instruction

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

			<u> </u>	A	PPENDIX				
l	Intend to non-a	I to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		5 Disqualification under State ULO (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									<u> </u>
AK							-	<u> </u>	
AZ ∫								 	
AR									
CA	<u> </u> 							<u>'</u>	<u>-</u>
CO									
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Stursburg & Veith

				A	PPENDLX					
I	to non-a	d to sell accredited s in State -ltem 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)					5 Disqualification under State ULOI (if yes, attach explanation of waiver granted)	
State	Yes	No		Number of Accredited Investors		Number of Non-Accredited Investors	Amount	Yes	-ltem 1)	
МО								res	No	
MT									<u> </u>	
NE					 -			i 	 	
NV								<u></u>		
NH					 				<u> </u>	
NJ					1		<u> </u>			
NM										
NY	<u> </u>	×	reduced front		88,250,00	C		 		
NC	· -							 	X	
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				APP	ENDIX					
1		2	3			4		5		
Intend to sell to non-accredited investors in State (Part B-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		under Si (if yes explan waiver	diffication tate ULOE , attach sation of granted) -Item 1)						
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
WY							 : - :	<u> </u>	<u></u>	
PR									<u></u>	